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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration
Submitted With Initial
Filing **OR** ☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number EX03-079C-US

First Named Inventor Plowman, et al

COMPLETE IF KNOWN

Application Number /

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MAPK7 AS MODIFIER OF BRANCHING MORPHOGENESIS AND METHODS OF USE

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 10/22/2003 as United States Application Number or PCT International

Application Number PCT/US03/33551 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number	23500	OR	<input type="checkbox"/> Correspondence address below
Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) GREGORY D.			Family Name or Surname PLOWMAN		
Inventor's Signature			Date		
Residence: City SAN CARLOS		State CA	Country US	Citizenship US	
Mailing Address 35 WINDING WAY					
City SAN CARLOS		State CA	Zip 94070	Country US	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) FELIX D.			Family Name or Surname KARIM		
Inventor's Signature			Date		
Residence: City WALNUT CREEK		State CA	Country US	Citizenship US	
Mailing Address 732 LAUREL DRIVE					
City WALNUT CREEK		State CA	Zip 94596	Country US	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 5 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Page 1 of 5

Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
CANDACE		SWIMMER	
Inventor's Signature		Date	
Residence: City	SAN FRANCISCO	State	CA
		Country	US
Mailing Address 1064 CAROLINA STREET			
Mailing Address			
City	SAN FRANCISCO	State	CA
		ZIP	94107
		Country	US
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
HINRICH ALEXANDER		HABECK	
Inventor's Signature		Date	
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Mailing Address GERTRUD-BAEUMER-STR. 74			
Mailing Address 72074 TUEBINGEN			
City		State	
		Zip	
		Country	DE
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
THOMAS I.		KOBLIZEK.	
Inventor's Signature		Date	
Residence: City		State	
		Country	DE
Mailing Address GECHTSTR. 31			
Mailing Address 72074 TUEBINGEN			
City		State	
		Zip	
		Country	DE

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Supplemental Sheet**

Page 2 of 5

Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
STEFAN		SCHULTE-MERKER	
Inventor's Signature		Date	
Residence: City	State	Country DE	Citizenship DE
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Mailing Address 72070 TUEBINGEN			
City	State	ZIP	Country DE
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
ULRIKE		LANGHEINRICH	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
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Mailing Address 72072 TUEBINGEN			
City	State	Zip	Country DE
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
GORDON MARK		STOTT	
Inventor's Signature		Date	
Residence: City	State	Country DE	Citizenship DE
Mailing Address QUENSTETTSTRASSE 24			
Mailing Address 72076 TUEBINGEN			
City	State	Zip	Country DE

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Page 3 of 5

Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
TORSTEN		TROWE	
Inventor's Signature		Date	
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Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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ANDREAS MICHAEL		VOGEL	
Inventor's Signature		Date	
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Mailing Address 72074 TUEBINGEN			
City	State	Zip	Country DE
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JOERG HEINRICH		ODENTHAL	
Inventor's Signature		Date	
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Mailing Address 72070 TUEBINGEN			
City	State	Zip	Country DE

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Page 4 of 5

Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JOCHEN KONRAD		SCHEEL	
Inventor's Signature		Date	
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Mailing Address 72076 TUEBINGEN			
City	State	ZIP	Country DE
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
TORSTEN TILMANN		WILL	
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City	State	Zip	Country DE
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
YISHENG		JIN	
Inventor's Signature		Date	
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Given Name (first and middle (if any))		Family Name or Surname	
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Inventor's Signature		Date	
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		Country	US
Mailing Address 1249 RHODE ISLAND STREET			
Mailing Address			
City	SAN FRANCISCO	State	CA
		ZIP	94107
		Country	US
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
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		Country	
Mailing Address			
Mailing Address			
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